



Express Mail No. EV 475 143 233 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Fleischer and Reimer

Confirmation No.: 9935

Serial No.: 09/701,450

Art Unit: 1615

Filed: November 27, 2000

Examiner: Gollamudi S. Kishore

For: PREPARATIONS FOR THE APPLICATION OF  
ANTI-INFLAMMATORY, ESPECIALLY  
ANTISEPTIC AGENTS AND/OR AGENTS  
PROMOTING THE HEALING OF WOUNDS TO  
THE LOWER RESPIRATORY TRACT

Attorney Docket No: 11390-005-999

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR § 1.136(a)**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the time for a response to the Office Action dated March 28, 2006 be extended for a period of three (3) months from June 28, 2006 to and including September 28, 2006.

The fee for this extension is estimated to be \$1,020.00. Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed for accounting purposes.

Respectfully submitted,

Date: September 29, 2006

Samuel B. Abrams 30,605  
Samuel B. Abrams (Reg. No.)

H. P. Wu 44,412  
Henry P. Wu (Reg. No.)

JONES DAY  
222 East 41<sup>st</sup> Street  
New York, New York 10017  
(212) 901-9028

10/04/2006 HABDELR1 00000104 503013  
03 FC:1253 1020.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

<b>REQUEST FOR PATENT FEE REFUND</b>				
1 Date of Request: <u>03/06/07</u>		2 Serial/Patent # <u>09/701,450</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time 1253		09/29/06	\$ 1,020.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,020.00	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	X	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment		9	5 0 -- 3 0 1 3
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
The extension of time period is over; therefore, no extension fee is due.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Iryin Dingle</u>		TITLE: <u>Paralegal</u>		
SIGNATURE: <u>Iryin Dingle</u>		PHONE: <u>2-3210</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>(Signature)</u>		DATE: <u>3/7/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B